



EmployeeUPDATE

Our Mission: To serve the people of North Carolina by enabling individuals, families and communities to be healthy and secure, and to achieve social and economic well-being.

A monthly publication for employees of the North Carolina Department of Health and Human Services

Two at O'Berry receive Governor's Award for Excellence

One thing is certain; there will always be heroes among us who will rise up when the situation demands. Mary Garner and Versa Stevens, both employed as health care technicians at O'Berry Neuro-Medical Treatment Center in Goldsboro, are two such heroes.

Garner and Stevens were both singled out to receive the 2009 Governor's Award for Excellence for Safety and Heroism. The two employees were honored at a special ceremony hosted by Gov. Bev Perdue on Jan. 21. The ceremony, which was held at the N.C. Museum of History, recognized 10 state employees for outstanding achievements in human relations, innovations, outstanding government service, public service, and safety and heroism. It is the highest honor given an employee by the state.



Mary Garner and Versa Stevens
— Photo by Jim Jones

DHHS Secretary Lanier Cansler called the heroism of the two health care professionals a "... shining example of the professionalism and quality of care that marks the majority of people who work in our facilities every day providing a safe and secure environment for those

people entrusted in our care."

On Dec. 15, 2008, an early morning fire broke out in the group home where Garner and Stevens both work on the O'Berry campus. According to O'Berry records, the two were on duty in the home that morning and were responsible for the care and well being of a group of profoundly mentally retarded and severely disabled individuals – all of whom were asleep at the time.

According to their citation, "Although under pressure and with minimum staffing, these ladies kept their composure and properly reacted by working as a cohesive team to successfully wake

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up and direct these individuals from their separate bedrooms to safety, out of a smoke-filled group home with sprinklers activated, prior to assistance arriving.”

O’Berry Center Director Deborah Exum credits their training and their dedication to their residents’ care with the smooth and safe evacuation of the home.

“Versa Stevens and Mary Garner are terrific examples of the talented and dedicated staff we have here at O’Berry,” Exum said. “We are very proud of them and the example they set for all of us.” ■

– Mark VanSciver,
DHHS Public Affairs

Public Health awards recognize businessman, county health director

The head of the N.C. Restaurant and Lodging Association and the Wilkes County health director have each been awarded the 2010 Public Health Legacy awards in recognition of their outstanding contributions to public health in the state. The two awards were announced by State Health Director Jeff Engel at the 2010 State Health Directors Conference in Raleigh on Jan. 29.

Named for former North Carolina State Health Director Dr. Ron Levine, the annual awards honor individuals whose work and commitment on behalf of the public’s health has resulted in significant, sustainable and positive improvements to health and quality of life in North Carolina.

Paul M. Stone, president and CEO of the N.C. Restaurant and Lodging Association, received the Ronald H. Levine Legacy Award for State-wide Impact on Public Health for his efforts to protect restaurant and bar workers and patrons from second-hand smoke, helping North Carolina become the first tobacco-producing state in the nation to pass legislation making



Award recipients Paul Stone and Beth Lovette, center, are flanked by Dr. Jeff Engel, left, and Dr. Ron Levine.

– Photo by Jim Jones

restaurants and bars across the state smoke-free. The new law became effective Jan. 2, 2010.

“The smoke-free restaurants and bars law was several years in the making, and there is agreement that it was the support of the business community that made the difference in the end,” said Engel. “Paul Stone’s leadership was to work with his board

and bring the board along, and they became a key factor in the debate over this legislation. The result was passage of a strong bill in May 2009 that is good for business as well as good for health.”

Engel also recognized Stone for his contributions in planning the business tools that have assisted the 24,000

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businesses in North Carolina that must come into compliance with the new law.

Beth Lovette, Wilkes County health director since 2002, was presented with the Ronald H. Levine Legacy Award for Local Innovation in Public Health. Lovette is known for her tireless leadership in improving health in the community and state and for advocating with policymakers

and legislators for public health issues.

Through boards and through partnerships with schools, hospitals, non-profits and other organizations, Lovette has worked to build collaborations, develop and implement action plans for the community's health, improve children's health and tackle childhood

obesity, improve access to care for the uninsured, and address the high rate of accidental deaths due to prescription drug overdoses, as well as to expand health care services and build a stronger health care system in the community. Under her leadership, the Wilkes County Health Department was accredited by the state in 2006. ■

– Carol Schriber,
DHHS Public Affairs

Star rating Web site for adult care home ratings now searchable

A new Web feature has been added for those seeking the latest information about state licensed adult care, rest and family care homes. As North Carolina's star ratings program for adult care homes enters its second year, a search feature and additional upgrades are now added.

The new search feature allows a Web site user to select a criteria – county, city or facility name to zero in on facilities. In addition, the Web site provides helpful tips on researching a facility with links to Web sites for county Departments of Social Services, long-term care ombudsmen and contacts for the Adult Care Section of the Division of Health Service Regulation.

This is the first year that regulated homes may be rated with as many as four stars. The program's highest rating is awarded to homes only after two consecutive years of scores of 100 or more points. New ratings are now posted twice monthly

as unannounced 2010 inspections are completed in the more than 1,200 licensed homes.

"The ratings provide consumers with a point-in-time look at each home's performance," said Jeff Horton, acting director of the division. "The stars and the rating worksheets on each facility are tools that are useful when evaluating a possible placement for yourself or a loved one."

Horton said that before deciding whether any home is an appropriate placement for a loved one, family members still should visit the home to determine if it appears to be a good match. "We strongly encourage people to make that visit to observe and talk to residents and staff of the home when it is under consideration," Horton said. The rating system was put in place in January 2009, providing all homes a clean slate for initial ratings, which were based on annual inspections after Jan. 1, 2009. First-year ratings ranged from zero to a maximum of three stars.

The second year of ratings will see the impact of cumulative records on each home's rating, which could go up, down or remain the same depending on inspection results, citations for violations and steps taken to improve safety and quality of life. Ratings may be searched at www.ncdhhs.gov/dhsr/acls/star/search.asp.

The number of stars a facility receives is based on a 10-point sliding scale. An adult care homemay receive a zero-star rating if it scores less than 70 points, one star by scoring 70-79.9 points, two stars by scoring 80-89.9 points, and three stars by scoring 90-99.9 points. Three stars also are awarded for scores of 100 and higher if the previous year's score was less than 100 points.

Questions may be directed to DHSR. AdultCare.Star@lists.dhhs.nc.gov. ■

– Jim Jones,
DHHS Public Affairs

Ms. Wuf helps with H1N1 awareness campaign

Ms. Wuf, mascot for the North Carolina State University Wolfpack, showed off her “The Flu Stops With Me” bandaid at the State Health Directors’ Conference on Jan. 28 where she posed with State Health Director Dr. Jeff Engel. College mascots at eight public universities across the state will help spread the word about H1N1 immunization during the month of February. The Division of Public Health is reaching out to college-age students through a targeted marketing campaign that includes hosting immunization clinics at college basketball games. In addition to N.C. State, colleges include UNC-Chapel Hill, East Carolina, Fayetteville State, UNC-Wilmington, North Carolina A&T, Winston-Salem State and UNC-Charlotte. ■

– Photo by Julie Henry,
H1N1 Communications,
Division of Public Health



A harbinger of things to come?



Employees at the DHHS Asheville Regional Office experienced a snowfall on Dec. 21. About five weeks later, most of the state was blanketed by snow, sleet and freezing rain. The building in this photograph and adjacent buildings are part of a complex that includes office space for the divisions of Deaf and Hard of Hearing, Vocational Rehabilitation and Health Service Regulation. At the time of the photo staff employees were at work in their offices. Tzena Keyes, regional manager for the Asheville Center’s DSDHH offices reported that the four-foot mound of snow slid off the building’s roof. The accumulation was about six inches in the parking lot. ■

– Photo by Tzena Keyes

THE Cultural Competency CORNER

By Gloria Sánchez, Latino Public Information Officer



Gender differences within the context of health care and cultural competency

Should men and women be treated equally when it comes to the delivery of health care services? Almost certainly not!

Besides the anatomical differences between men and women, we have significantly different needs for health care. However, it might seem that many providers and health education messages treat women and men equally, when we are somewhat poles apart.

Besides the key role that social, economic and cultural factors play in health, gender differences are also a central determinant that needs to be taken into account for good health outcomes and at the time of explaining health educational materials.

Many studies have shown that women are more likely than men to have health insurance, visit doctors, get regular checkups, and take prescription medications – these, besides pregnancy and labor costs, might be a few of the reasons why women pay much more than men for individual insurance policies that provide identical coverage. Women are also more likely to report the use of a regular source of care or a “Medical Home”.

Other studies have reported the medical encounters for male patients are usually shorter than women; men receive fewer services, less information and advice, and less encouragement to change health behaviors.

Women are often more conscious about their health than many men, who often may avoid going to the doctor. As a result, men have increased vulnerability to certain illnesses and women tend to have lower mortality rates.

But, aside from the differences in how males and females access medical care; and how they deal with health care practitioners, and how practitioners deal with them; it is important to point out that health needs perceptions can greatly

vary between men and women. Health perceptions not only vary between genders, but also among men and women of diverse cultures.

For example, in some cultures, men think of illness as a weakness; they are supposed to be the stronger sex and endure pain and mild illness without help. It is more acceptable for women to go to the doctor when not feeling well.

Therefore, cultural perceptions and all the other gender differences described before play a role in health care. We, as health and human services professionals, should be paying more attention to gender differences and address and treat patients based on his or her individual biological needs, perceptions and culture. When issues of culture and gender are ignored, positive health care outcomes can diminish.

Gender difference in health is a complex topic that needs to be

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studied further. However, we should take these basic gender-specific differences into consideration, as well as any racial/ethnic and cultural differences when providing services and developing outreach and

educational materials to the “general population.” Remember that “one size doesn’t fit all” and the better you tailor your services or messages, the more beneficial outcomes you might have in the health of men and women from different backgrounds. ■

¡Hasta pronto!

Gloria Sanchez

N.C. Public Health tops in preparedness

North Carolina and six other states received the country’s highest public health readiness ratings issued by the Trust for America’s Health (TFAH) and the Robert Wood Johnson Foundation (RWJF). North Carolina – along with Arkansas, Delaware, New York, Oklahoma, Texas, and Vermont – are shown in the Dec. 15 rating as having met nine of the 10 readiness indicators as established by Trust.

The ratings and the parameters used to determine state public health readiness are reported in the Trust’s seventh “2009 Ready or Not? Protecting the Public’s Health from Diseases, Disasters, and Bioterrorism” report. While the Trust found that the H1N1 flu outbreak has exposed serious underlying gaps in the nation’s ability to respond to public health emergencies, North Carolina was not shown to be lacking in that area. The report also indicates that “the economic crisis is straining an already fragile public health system” and is the only indicator where the Tar Heel state was reported to be unsatisfactory.

“While we are pleased and proud to have done so well in the TFAH report again this year, it also is sobering to know that we are one of numerous states dealing with funding issues,” State Health Director Jeffrey Engel said when the ratings were announced. “Obviously, adequate funding is essential to maintaining these high standards and our high state of readiness. The TFAH report tells us that we are doing a great job despite having fewer resources.”

The other nine indicators reviewed by the Trust include:

- Mass Distribution – State Antiviral Purchases
- Hospital Preparedness – Hospital Bed Availability Reporting
- Public Health Laboratories – Lab Pick Up and Delivery Services
- Public Health Laboratories – Surge Workforce
- Biosurveillance – NEDSS (National Electronic Disease Surveillance System) Compatibility

- Food Safety – Detection and Diagnosis
- Medical Reserve Corps Readiness
- Community Resiliency – Children and Preparedness
- Legal Preparedness – Entity Emergency Liability Protection

For more information about TFAH and the report, please visit **healthyamericans.org**. For more information about preparedness efforts and North Carolina’s response to the 2009 H1N1 influenza outbreak, please visit **www.rabies.ncdhhs.gov/epi/phpr** and **flu.nc.gov**. ■

– Bill Furney,
Division of Public Health

2010 Census is coming— North Carolina is counting on you!

DHHS is partnering with the U.S. Census Bureau and the North Carolina Complete Count Committee established by Gov. Bev Perdue to work to ensure the highest possible participation in the 2010 census.

Linda Povlich, senior advisor to the secretary, and Dennis Streets, director of the Division of Aging and Adult Services, are representing DHHS on the Complete Count Committee. They are working to help spread the word about the 2010 census and achieve a complete and accurate count of the North Carolina population.

The census defines who we are as a nation. Every year, the federal government distributes more than \$400 billion to state, local and tribal governments based on census data. Accurate census data helps determine congressional representation, grant funding and guides local decision makers on where to build new roads, hospitals, housing, schools and more. Much of the federal funding that DHHS receives is based on census data. It is estimated that for each person who is not counted, North Carolina will lose approximately \$10,000 over the next 10 years.

It is especially vital that accurate data comes from groups who are historically difficult to count, including low-income households, seniors and adults with disabilities living alone or in outlying areas, and children.



DHHS strives to improve the lives and welfare of people in North Carolina, many of whom are experiencing hardships related to economic status, language fluency, disabilities or other issues. We are committed to supporting the 2010 census as another way to improve the quality of life in North Carolina, and to ensure that even the hardest to count can be accurately represented.

This census is easy, important, and secure.

- It is **easy** because the form is only 10 questions.
- It is **important** because the data gathered is used for funding allocations, congressional representation and redistricting.
- It is **secure** because the U.S. Census Bureau cannot share individual, personally identifiable responses with anyone.

Here are some important dates to remember as census day approaches—

- March 15-17: Census forms are mailed or delivered to households.
- March – April: Census forms are available at Be Counted sites and Questionnaire Assistance Centers for those individuals who need help filling out their forms, or who did not receive a form by mail.
- April 1: Census day
- May – July: Census workers will visit households who do not return forms to take a count in person.

There is plenty of information and material for you to use in helping encourage participation. Visit North Carolina's Census Web site at <http://2010census.nc.gov/local/default.aspx>. This site includes contact information for North Carolina's local/regional census offices. Contact the nearest office today to introduce yourself and see how you and your agency can get involved. You can also see on the Web site a sample of the census questionnaire. ■

– Lori Walston, DHHS Public Affairs

'Social media' policy for DHHS under development

It seems as if everyone is talking with friends on Facebook these days, or sharing their photos on Flickr. YouTube has become a national past-time. These kinds of websites are called "social media" because they allow a conversation to occur across the Web.

Use of social media in government is a hot topic, and has been embraced by Gov. Bev Perdue. She has pages on YouTube, Facebook, Twitter, Flickr, and she distributes her press releases using RSS feeds. She recently released a state social media policy and published it on Facebook at Twitter. See www.records.ncdcr.gov/guides/best_practices_social_media_usage_20091217.pdf.

What does this mean for DHHS? The governor's policy offers some distinct guidelines for implementation calling for clear communications strategy ranging from determining target audience to who's responsible for monitoring the account.

The governor's best practices policy also puts the authority for managing use of social media into the hands of the Office of Public Affairs. So, any division, office or program must first provide a complete plan with the approval of the Division Director to be considered by the Office of Public Affairs before any social media program is implemented.



Office of Public Affairs Director Renee McCoy is convening a social media workgroup to create a departmental policy on use of social media and to consider individual requests for its use. It will consider such questions as the appropriate goals of using social media, types of uses that are appropriate and inappropriate, and how to handle comments.

Division, offices or programs who have social media proposals can compile information about their proposal using these questions (per the governor's policy).

- Who is the media meant to reach? Is this my target audience?
- What is the agency attempting to communicate? Can it be effectively communicated using this media?
- Who is responsible for managing the agency's account? Will this person represent the agency appropriately? Have they been properly trained in the use of social media?

Proposals, questions and concerns about the social media or the workgroup can be directed to Mark VanSciver at 919-733-9190. ■

– Lois Nilsen, DHHS Public Affairs

DHHS on YouTube

DHHS created a YouTube channel last summer (www.youtube.com/ncdhhs, see July 2009 Employee Update). Since then, our YouTube channel has been a big success. Numerous public service announcements have had a second life on the channel. The Division of Public Health has used it effectively to distribute messages about the H1N1 flu. Anyone who has videos to post should read the Video Submission Guidelines on the Public Affairs website: www.ncdhhs.gov/publicaffairs/videosubmission.htm.

New Vital Records Website is live



Vital Records, an office with ties to anyone who is born, dies, marries, divorces, or lives in North Carolina, has a new website.

The old website, one of the first in the department, had not been significantly updated since the 1990s. All information was revamped to make the process of obtaining a certificate (birth, death, marriage or divorce) as easy as possible. Take a look at: www.vitalrecords.nc.gov.

DHHS Web Manager Lois Nilsen and State Registrar Linda Brinkley conducted a usability test of the new site in draft form in December. People in the waiting room for Vital Records were asked to review the site and perform common tasks. Nilsen and Brinkley observed their activity to see how effective they were and at what point they became confused.

Comments by the testers were overwhelmingly positive, but they did have some difficulties. As a result of the test, the organization of the site was slightly refined to make the process even more easy to understand.

Nilsen and Vital Records staff, under Interim Registrar Tom Reeher, began the retooling of content by examining other states' Vital Records sites, as well as the comments and questions that are answered by Vital Records customer support staff. The calls and emails generated by the redesigned website will be examined and further refinements to the site can be made. ■

Website Redesign Update

This project is part of the DHHS website redesign project. The Division of Information Resources Management also unveiled a newly redesigned Website in January.

Sites currently being built are Division of Services for the Blind, O'Berry Neuromedical Treatment Center, and Women's and Children's Health Section, Division of Public Health. The remaining divisions and offices are in some stage of preparation for being redesigned.

Public Affairs announced in July 2009 the website redesign schedule for all divisions and offices to be completed this summer. Facility, school and other satellite sites will address beginning in Fall of 2010.

Unique Sites

Not all websites will be incorporated into the single look and feel of the DHHS website. DHHS policy recognizes that sometimes it is preferable for an initiative to have a separate website. High profile, public service, single-issue websites are called "branded" in the policy.

Programs and projects which wish to remain separate from the redesign should obtain a "branded" designation. This designation is required before any further resources are expended on redesigns or URL renewals. To obtain a branded designation, the division director should make a request to the director of Public Affairs (email is sufficient) explaining why the site is considered high profile, public service and single issue.

The policy and other information about the website redesign can be obtained at www.ncdhhs.gov/redesignproject. ■

— Lois Nilsen, DHHS Public Affairs

2009 Aging Award recipients announced

The Division of Aging and Adult Services (DAAS) announced the recipients of the 2009 Awards in Aging. The awards recognize individuals, organizations and programs that exhibit outstanding work with the state's aging population, with issues related to aging and with the aging community around the state.

"We have an outstanding group of award winners this year," said DAAS Director Dennis Streets. "Collectively these groups touch the lives of many older adults and their families in the state. Their common emphasis on healthy aging and volunteerism is especially significant for today's seniors and in helping North Carolina prepare for the aging of our large baby boomer population."

The awards are as follows:

Messer Award, given in recognition of a community that has excelled in addressing the needs of its older citizens. There are two recipient organizations for the 2009 Messer Award – The Shepherd's Center of Greater Winston-Salem and the Orange County Department on Aging.

"These agencies have a tremendous positive effect on their communities," Streets said.

The Shepherd's Center is an example of a vast community of volunteers dedicated to serving older adults.

In 2008, more than 475 volunteers provided 25,000-plus hours of support to more than 2,500 older adults.

In 1980, Orange County established the state's first local public department on aging. Since then, the Orange County Department on Aging has focused on meeting the needs of older adults through the use of creative programming, a team of inter-disciplinary professionals and a director and staff who have championed a person-centered, holistic approach to care.

This award is named for Ernest B. Messer, who was a champion for aging in the General Assembly and former assistant secretary for aging for the state Department of Human Resources (now DHHS) between 1981 and 1985.

Maddox Award is given in recognition of an individual or organization that has excelled in creative programming for older adults. The 2009 Maddox Award winner is AARP North Carolina.

"AARP exemplifies an organization that has excelled in developing and implementing creative programs for older adults since its opening as an AARP State Office in 1995," said Streets. "As the face of the older adult continues to change, AARP has adapted and grown along with those changes to continue addressing the needs and interests of our aging population."

The award is named for Dr. George L. Maddox, a noted gerontologist and director of Duke University's Long-Term Care Resource Program.

Busse Award: The Busse Award recognizes an individual or organization that has had a significant impact on enhancing the health status of older North Carolinians. The 2009 Busse Award recipient is Wake Resources for Seniors.

"Resources for Seniors is receiving this award for its focus on innovative, creative and effective physical activity programming for older adults in Wake County," said Streets. "The work they do brings long-lasting benefits for our seniors."

The award is named for Dr. Ewald W. Busse, who was president emeritus of the N.C. Institute of Medicine and a founding director of the Duke University Center for the Study of Aging and Human Development.

For more information about the DAAS or issues related to aging in North Carolina, please go to www.ncdhhs.gov/aging/index.htm.



– Lori Walston, DHHS Public Affairs

Haire named Blackley Center chief

Lisa Haire, formerly with the Division of State Operated Health Facilities, is the new director of the R.J. Blackley Alcohol and Drug Abuse Treatment Center, Butner. She took over as director on Jan. 25, replacing Breque Tyson, who stepped down as director in fall 2009. The appointment was made by DHHS Secretary Lanier Cansler.



Lisa Haire

DSOHF Director Luckey Welsh said, "Lisa's extensive knowledge of all aspects of the state system, her strong leadership and her commitment to the individuals we serve will be invaluable to R.J. Blackley ADATC as it continues its important mission."

"I am looking forward to working with the Blackley staff," Haire said. "I had the honor of working with Dr. Blackley earlier in my state service

and, since I started my clinical career as a substance abuse counselor, this exciting new job makes me feel like I am coming home."

Haire has held a number of positions within DHHS over the course of her career. Most recently, she was information systems/SOS liaison at the Division of Mental Health,

Developmental Disabilities, and Substance Abuse Services. She also served as state-level team leader at DSOHF for the neuro-medical treatment centers as well as providing leadership over the state psychiatric hospitals and developmental disabilities centers.

She received her undergraduate training at North Carolina State University and completed her graduate training in social work administration and policy from the University of North Carolina at Chapel Hill.

R.J. Blackley Alcohol and Drug Abuse Treatment Center is an 80-bed treatment facility with 161 employees.

— Mark VanSciver,
DHHS Public Affairs

Smith named chief of Certificate of Need Section

Craig R. Smith has been named chief of the Certificate of Need Section of the N.C. Division of Health Service Regulation.

Smith served as assistant chief of the section for the past 15 years. He replaces Lee Hoffman, who retired Nov. 30 after serving 22 years as chief, ending 35 years in state government. Smith assumed the post on Dec. 1.

“Given Lee’s leadership and longevity over the CON section, it is important that citizens can expect the section’s tradition of excellent services to continue,” said DHHS Deputy Secretary for Health Services Allen Feezor. “This section handles increasing volumes of applications from medical providers anxious to meet projected demand for care and diagnostics. North Carolina is fortunate to have such a well qualified employee as Craig to fill this post.”

While more than two dozen states still have some form of certificate of need, North Carolina is considered



Craig R. Smith

one of the more effective in “right sizing” the health care delivery system to the state’s growing needs and in assuring that citizens of the state, regardless of where they live – rural or urban – and regardless of their coverage status, have access to needed care.

The section chief has decision-making authority over applications for new and replacement acute care beds, emergency departments, imaging

scanners, linear accelerators and simulators, air ambulances, surgery and endoscopy projects, nursing facilities, adult care homes, dialysis facilities, hospices – inpatient, residential, and new agencies, and cost-overruns/changes of scope for existing facilities.

“I am humbled and anxious to step up and begin my new duties,” Smith said upon the announcement. “I appreciate this opportunity to further serve the citizens of our state.”

Smith’s background includes six years as a certificate of need project analyst in the CON Section, and five years as a health systems analyst for Cardinal Health Agency. A Vietnam War veteran, Smith also served as interim health director for Robeson County in 1987-1988, and previously served in various local and regional government planning and development positions in Lumberton, Pitt County, Rowland and with the Lumber River Council of Governments. ■

– Jim Jones, DHHS Public Affairs

'Emergency Guidelines' available for schools

North Carolina has a new publication that provides helpful guidance to public and private schools on how to respond to a child's medical needs if a school nurse is not available.

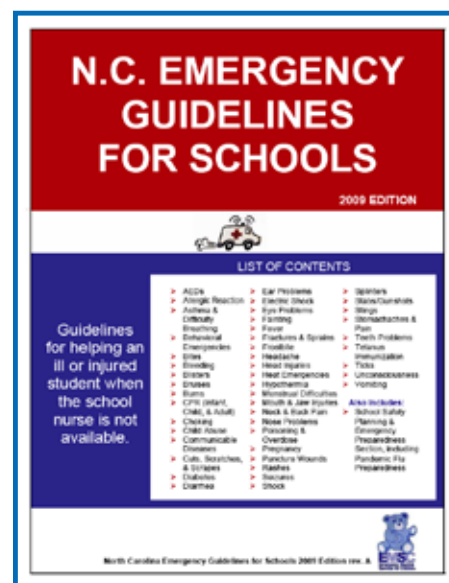
The publication, Emergency Guidelines for Schools, has been updated by staff of the state's Emergency Medical Services for Children Program in collaboration with other state medical professionals from a guide long in use that was produced in Ohio and widely used across the nation. Now North Carolina has its own publication, and it is available online at www.ncdhhs.gov/dhsr/EMS/pdf/kids/guidelines.pdf.

Whether a child breaks a bone, bumps a head, has a fever, a stab wound, a snake bite or a seizure, helpful information on what to do can be quickly found so that immediate, appropriate care can be provided until parents or emergency medical services arrive.

The guidelines incorporate North Carolina-specific information. The guide has been reviewed and approved by Dr. Greg Mears, medical director for the N.C. Office of Emergency Medical Services (OEMS), and by pediatric emergency medical physicians who serve on the state OEMS Emergency Medical Services for Children (EMSC) Advisory Committee. It is endorsed by the North Carolina Emergency Nurses Association and the North Carolina School Nurse Association.

"This should serve as a useful resource at any place where our children are in the care of third parties, such as at schools," said Drexldal Pratt, chief of the state OEMS. "We hope that anyone using this will find the information helpful. It is organized to provide essential information in a user-friendly format."

State Emergency Medical Services for Children Specialist Gloria Hale, project manager for the publication, said plans call for eventual printing and dissemination of hard copies for public schools later, as funds



become available. For now, the guide is available online and users are welcome to print their own copies on 8.5-inch X 11.5-inch paper. A three-ring binder is recommended.

"We want to make this as user friendly as possible, and as accessible as possible," Hale said. "Most of the pages in the guide are designed with if-then steps to provide the user with quick pathways to decisions as to whether to call EMS and what steps to take." ■

— Jim Jones, DHHS Public Affairs

Riddle Center receives grant to help low-income children and families

The J. Iverson Riddle Developmental Center has received a two-year, \$1.9-million HeadStart grant for its Family, Infant and Preschool Program (FIPP).

The N.C. Department of Health and Human Services announced the award of the Early Head Start (EHS) Expansion Grant from the Administration for Children and Families Office of Head Start in Washington, D.C.

According to M'Lisa Shelden, director of the Family, Infant and Preschool Program (FIPP) at the Riddle Center, this grant will expand the Alexander County-based Early Head Start Program into Burke and Caldwell counties and will serve more than 140 children and their families in both home- and center-based settings.

"We are pleased to be able to expand this outstanding educational and health program for children and their families into two more North Carolina counties," said DHHS Secretary Lanier Cansler. "DHHS is committed to finding new and unique ways of providing all types of community-based services to help families in need 'heal' in their community and, whenever possible, not have to go out of county to receive treatment. This program expansion will also help create 32 additional jobs in these counties."

FIPP will add a classroom to the current program in Alexander County, bringing the total number of children and families served to 68.



The Family, Infant and Preschool Program's Early Head Start Family Resource Center was opened on Jan. 6 with a ribbon cutting and open house event. The facility is off Enola Road in Morganton. Sara Sexton, EHS director, wields the ribbon-cutting scissors, with help from Dr. Jim Richardson. Riddle Center Director Art Robarge, left and Dr. J. Iverson Riddle hold the ribbon.

— Photo contributed by Arrick Gordon, The Enola Group

"The purpose of Early Head Start is to promote healthy prenatal outcomes for pregnant women, to enhance the development of very young children, and to promote healthy family functioning for low-income families with infants and toddlers from birth to three years of age and women who are pregnant," said Shelden. "At least 10 percent of children served by Early Head Start also have some type of developmental disability. For these children, FIPP will provide occupational therapy, physical therapy, speech-language pathology, special education, psychology, and nursing services."

In addition to the \$1.9 million in annual funding, FIPP will receive \$1.4 million in start-up funds to be used to prepare the classrooms and family resource centers, construct playgrounds, and purchase materials, Shelden said.

The Family Resource Center in Alexander County is located at 401 East Main St. in Taylorsville. The Family Resource Centers in Burke and Caldwell counties will open in January 2010. The classrooms in all three counties will open this spring.

FIPP, a community-based program begun in 1972 by the N.C. Department of Health and Human Services, is the first state-funded early intervention program in the United States. ■

— Mark VanSciver, DHHS Public Affairs

OLTS efforts focus on improving services and supports

The DHHS Office of Long-Term Services and Supports (OLTS) works to improve services for people who have disabilities, chronic illnesses or who are aging with service needs.

Several projects under way focus on developing more person-centered approaches to service delivery.

- The UNC School of Social Work, Jordan Institute for Families and Support Development Associates, are working with OLTS to enhance person-centered thinking, planning and organizations across the state. Person-centered thinking training is being offered in multiple locations, and trainers are being certified to provide the training. A Person-Centered Conference is being planned for May 26th.
- Eight organizations in Burlington, Eden, Charlotte, Asheville and Black Mountain are participating in "Building a Person-Centered Organization." These organizations, including nursing and assisted living facilities and a home care agency, are joining three mental health, developmental disabilities and substance abuse agencies that began this work three years ago. After being initially trained in person-centered thinking, coaching and leadership, the agencies are applying the skills and tools to their everyday service delivery. This work involves all levels of staff,



Crystal Redding from Forsyth Medical Center speaks at January 26 meeting.
– Photos by Jim Jones

including the CEOs as well as direct care staff, kitchen and housekeeping staff and others. Staff members have fundamentally changed the way they think about the people they support, moving from "residents," "clients," or medical conditions to actual people with histories, personalities, relationships and desires. They are able to discover what is "important to" the people they support and attend to those needs in addition to what is "important for" their health and safety. They are also making organizational changes that are empowering for all staff, creating cohesiveness and a greater sense of purpose.

- Another project to develop person-centered hospital discharge models will build upon these person-centered efforts as well as another OLTS project to develop Community Resource

Connections for Aging and Disabilities. Community Resource Connections (CRCs) are local networks of aging and disability providers that are developing "no wrong door" models to provide better information and access to long-term services and supports for consumers and family members.

CRCs will collaborate with Community Care Networks, hospitals and other stakeholders to develop person-centered hospital discharge models, with the goal of providing more options for individuals to return home after hospitalization and preventing future admissions. This effort began with a first meeting of the Person-Centered Hospital Transition Partnership on Jan. 26. About 85 people from across the state attended, including health care and social service professionals from hospitals, aging and disability service providers, advocacy associations, state staff and people who receive services. This event will be followed by community engagement processes at the local level to develop models, beginning in Surry, Forsyth, Chatham and Orange counties and spreading to other CRC sites this summer and fall.

OLTS also manages programs and initiatives to address turnover, ca-

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OLTS efforts cont. from page 15

reer paths and other issues relevant to the direct care workforce. Direct care workers are paraprofessionals such as nurse aides, personal attendants and personal care aides who provide services and supports to individuals who are older, have disabilities, or have a chronic or acute illness.

Two of these programs are WIN A STEP UP and NC NOVA.

- WIN A STEP UP is funded through the Division of Health Services Regulation and implemented through a partnership with the N.C. Institute on Aging at UNC Chapel Hill. The program aims to reduce turnover of nurse aides in nursing homes through training, education and rewards. It

upgrades the skills of nurse aides, strengthens their career commitment, improves retention of quality workers and provides rewards and recognition.

- NC NOVA (New Organizational Vision Award) is a voluntary, special license awarded



January 26 meeting drew 85 professionals.

to adult care homes, home care agencies and nursing facilities that meet progressive workplace standards to support direct care workers on the job. The program is based on the idea that improving workplace culture will help recruit and retain quality direct care workers and improve the care that these workers provide.

For information about any of these projects, please contact one of the OLTS staff—Jan Moxley, 855-4429; Donna Holt, 855-4427; Sabrena Lea, 855-4428; or Ann Eller, 855-4423. ■

DHHS WELLNESS INITIATIVE

It's DHHS Wellness survey time:

Your feedback is again needed by the DHHS Wellness Program to help agency wellness committees plan worksite wellness programs that meet the needs and interests of department employees.

The annual DHHS employee wellness survey also helps determine how effective worksite programs have been in reaching employees throughout the department.

The survey takes only a few minutes. If you have not already done so, please click on the following link and complete the survey before Feb. 5.

www.ncsurveymax.com/lp.aspx?id=BXHQ

All responses to this survey are anonymous. No personal identifying information is requested in the survey and individual surveys can not be identified by E-mail address.

For questions related to the survey, please contact the DHHS Wellness director at Suzanna.Young@dhhs.nc.gov. ■